Form **OO** / I (July 2000)

Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

ar.	t I General Information					<u> </u>
	Name of organization				, ,	Employer identification number
_(CITIZENS FOR THE PO	ZENS FOR THE PORT AUTHORITY OF CLEVE				34 1716778
	Mailing address (P.O. Box or number, street, and room or suite number)					
	1422 EUCLID AVENUE, SUITE 430					
(City or town, state, and ZIP code CLEVELAND, OHIO 4411	15				
	E-mail address of organization	-				
	flanneryj@plante-mora	in.com				
48	Name of custodian of records			stodian's a		
			.	422 EU	CLID AVENUE,	SUITE 430
,	JAMES J. FLANNERY		C	LEVELA	ND, OHIO 44	115
5a	Name of contact person		5b Contact person's address			
	, = = = =				CLID AVENUE,	SUITE 430
	·		1			
	JAMES J. FLANNERY		٠ ١	LEVELA	ND, OHIO 44	115
6	Business address of organization (i	f different from ma	iling addre	es shown	above). Number, str	et, and room or suite number
						/·
	City or town, state, and ZIP code					***************************************
	rt II Purpose					
7	Describe the purpose of the organi	zation				
	TO SUPPORT LEVIES IN	FAVOR OF T	HE ABO	OVE NAM	ED COMMITTE	<u></u>

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	List of All Related E					
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